Indiana State Board of Health Facility Administrators



December 2011 Edition

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Helpful Links:

NAB: www.nabweb.org
IHCA: www.ihca.org
IAHSA: www.iahsa.com

HOPE: www.hoosierownersandproviders.org

What's Happening in your Profession?

- ➤ Effective July 1, 2011 IPLA will require criminal background checks of all new licensees. In addition, at the discretion of the board, a criminal background check may be required for a licensee currently on probation who wishes to terminate his or her probationary status and for a current license holder processing a renewal.
- The next renewal for HFA's is August 31, 2012.
- ➤ IHCA offers an Online Preceptor Course for both members and non-members. For more information visit http://www.ihca.org/pagesroot/pages/Education-Preceptor.aspx.

Disciplinary Action:

A list of board disciplinary actions may be found on our license litigation system at http://www.in.gov/ai/appfiles/pla-litigation/

Free online licensure look-ups may be obtained at https://extranet.in.gov/WebLookup/Search.aspx. This is a real time database and is the best resource for accurate data.

2012 Meeting Dates/locations:

- ❖ January 24
- ❖ March 20
- **❖** May 22
- **❖** July 31
- September 25
- November 27

All meetings are held in IPLA Conference RM W064, Indiana Government Center South, 402 West Washington Street, Indianapolis, IN 46204.

Please note that the HFA Board meetings have been moved from Thursday to Tuesday in 2012

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Indiana Develops Grass Roots Culture Change Projects.

By: Robert Decker Lucas Health Group

There is a grass roots culture change movement growing in Indiana. It began with the Critical Access Nursing Home Pilot ("Pilot"), an outgrowth of the Advancing Excellence campaign. Six facilities in Lake County were selected for the Pilot. The Pilot received some local press coverage and attracted the notice of community leaders in St. Joseph County. Chris Nanni, VP of Programs for the Community Foundation of St. Joseph County (CFSJC) was so impressed with the Pilot that he convinced the CFSJC to sponsor a similar program, to include all 19 of the nursing facilities in St. Joseph County. Now, a group of provider associations, AAA representatives, advocates, academia and others, the "Indianapolis Leadership Collaborative," is attempting to sponsor a similar program in Marion County (Indianapolis). It has received partial funding from the Central Indiana Community Foundation. The Indiana State Department of Health turned down the Collaborative's request for additional support from the Civil Money Penalty Fund; however, it is in the process of securing the additional funding from more progressive organizations.

The Pilot was funded by grants from LeadingAge (formerly AAHSA) and The Commonwealth Fund. The Pilot was designed as an 'intervention' to help nursing facilities develop and/or strengthen internal quality improvement (QI) programs and result in higher quality care and quality of life for their residents. To do this the horse needs to be placed in front of the cart: leadership/management practices and staff stability must be improved.

The specific goals of the Pilot for participating facilities were:

- Stabilize staffing reduce turnover and absenteeism;
- Implement movement toward consistent staff assignment;
- Begin (or continue) to improve some of advancing excellence clinical outcome goals;(e.g. decreased use of physical restraints, decreased pressure ulcers);
- Formation of a self-sustaining learning collaborative among facility leadership in the project; and most importantly,
- Residents will experience positive changes in their care and quality of life.

These goals are obviously consistent with the "Culture Change" movement and are the goals adopted by the St. Joseph and Marion County programs.

The 'Intervention' process utilized in these programs is a much more effective mechanism to effect and sustain change as compared to seminars and conferences such as the ISDH sponsored "Leadership Conferences" or association sponsored seminars. It is more effective because it combines learning sessions with one-on-one coaching in a structured, ongoing process. Seminars have the potential to provide useful information, but they leave

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the challenge of using the information up to the participant. The Intervention not only provides the information, but also coaches the participants in implementing change and supports them in making adjustments when reality confronts theory.

So what is the Intervention Process? Barbara Frank and Cathie Brady, of B&F Consulting, facilitated the process in Lake County and are doing so in St. Joseph County. The Indianapolis collaborative also intends to have B&F facilitate that program. B&F uses a collaborative model (networking, sharing of information, individual facility coaching, and creation of a peer support group), to produce change. Facilities engage in ground-up interdepartmental problem-solving where administrators, DON's, SSD's and other facility management attend. This involves eight to ten half-day, joint, face-to face learning sessions over an equal number of months. The topics of the learning session are on the fundamentals, (e.g. "all hands on deck" and "stand-up meetings") as well as difficult tasks like consistent assignment and "Stars". The facility teams each self-assign tasks to be completed between sessions; tasks are unique to the facility circumstances and objectives. LANE members

followed-up between the sessions by telephone and personal visits to assist with these assignments. At the next learning session, each facility team reports on its successes and set-backs in implementing its tasks from the prior session. Other participants at the sessions provide empathy, suggestions and support. B&F visits facilities for on-site one-on-one coaching in the St. Joseph and Marion county programs.

The results of the Pilot program and the feedback from the St. Joseph County program are encouraging.

- *Staff stability*: Facilities report progress in achieving greater staff stability, improved communication, teamwork, and morale.
- *Consistent assignment*: All of the facilities in the Pilot reported significant progress in moving towards more consistent assignment of staff to residents, and feel that these changes have improved resident and family satisfaction as well as staff morale.
- *Leadership*: Facility leaders welcomed the support of B&F, LANE members and their peers.

Culture change begins with leaders in facilities possessing the skills needed to identify opportunities for change and to successfully initiate and complete changes. In long term care, management/owners tend to think that because you have the credentials and title, you are thoroughly competent; this of course is a serious misconception. While administrators may have the book knowledge, they often have not been given the opportunity to develop and practice the basic skills of management. Too often it is 'on the job training', and leadership collaboratives such as these that offers the promise of teaching administrators and key managers how to successfully change, and enjoy success.

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